Response to commentary: ‘Does massage therapy or the presence of an attendant affect pain, anxiety and satisfaction..."
Response to commentary: ‘Does massage therapy or the presence of an attendant affect pain, anxiety and satisfaction during labour?’

I thank Dr Gilbey for his detailed comments on our article.1 I also thank the FACT Editor for allowing me to respond 1 year after the commentary on our article was published.2 My reply relates to the limitations stated in this commentary.

First, the rate of Caesarean sections in Iran is high and fear of normal delivery is common. In addition, labour pain-relief methods are not available for all birthing women. So, our interventions maybe more effective in this setting, and this is supported by our findings.

Second, the massage was administered by an amateur person who was taught only the methods used in our research. Further, the attendant was a non-educated woman selected by the birthing woman. The intervention massages were abdominal effleurage, sacral pressure and shoulder and back kneading, and the birthing women were able to select the massage sites and techniques of their choice.

Third and fourth, the psychosocial effects were mentioned and these served as an intervention at the same time.

Fifth, a simple randomisation method was used.

Sixth, the comparison of categorical variables between the three groups was performed using the chi-squared test. For ordinal variables or non-normally distributed variables, the Kruskal–Wallis test was used; for normally distributed variables, ANOVA was used. Trends of repeated measurements, both between and within groups, were investigated using repeated measures ANOVA. While the degrees of freedom were not reported, they are available.

Seventh, descriptions of the demographic variables were summarised in Table 1, and where pain variables were measured as a main outcome, the figures show the results of this outcome for each group. However, we accept that some measures (e.g. satisfaction) could be further explained. The effect sizes, although not reported, are available also.

Eighth, as the comparison of active phase duration was not our objective, no details were given.

Lastly, any generalisations are made within the context of a similar culture and setting.

As a final note, given that our participants received any kind of birth preparation and we mentioned the psychosocial effects, we acknowledge that our results may be varied.

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References
